

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

96 NOV 22 PM 2:52

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DOCUMENT # P93000070810 (5)

1. Corporation Name

MANASSAS FOODSERVICE, INC.

Principal Place of Business

Mailing Address

1755 N CONGRESS ST  
 BOYNTON BEACH FL 33426

1755 N CONGRESS ST  
 BOYNTON BEACH FL 33426

**REINSTATEMENT**

9600

3. Date Incorporated or Qualified: 10/12/1993  
 Date of Last Report: 05/01/1995

4. FEI Number: 65-0575417  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 1100 LINTON BLVD

26 1 CATE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C-9

27 SUITE 3

City & State

City & State

23 DELRAY BEACH, FL

28 PORTSMOUTH NH

Zip

Country

Zip

Country

24 33444

25

29 03801

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500002013365--3

83

-11/26/96--01002--001

84 City

375.00

375.00

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Connie Bryan*

CONNIE BRYAN  
 SPECIAL ASSISTANT SECRETARY

11-22-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D [ ] DELETE  
 NAME: WALSH, MICHAEL  
 STREET ADDRESS: 1755 N CONGRESS AVE  
 CITY-ST-ZIP: BOYNTON BEACH FL 33426

1.1 TITLE: D [X] Change [ ] Addition  
 1.2 NAME: WALSH, MICHAEL  
 1.3 STREET ADDRESS: 1100 LINTON BLVD. ST C-9  
 1.4 CITY-ST-ZIP: DELRAY BEACH, FL 33444

TITLE: D [ ] DELETE  
 NAME: GREENE, DOUGLAS E  
 STREET ADDRESS: 1755 N CONGRESS AVE  
 CITY-ST-ZIP: BOYNTON BEACH FL 33426

2.1 TITLE: D [X] Change [ ] Addition  
 2.2 NAME: GREENE, DOUGLAS  
 2.3 STREET ADDRESS: 1 CATE ST. ST-3  
 2.4 CITY-ST-ZIP: PORTSMOUTH, NH 02801

TITLE: D [ ] DELETE  
 NAME: AKRIDGE, DAVID  
 STREET ADDRESS: 1755 N CONGRESS AVE  
 CITY-ST-ZIP: BOYNTON BEACH FL 33426

3.1 TITLE: D [X] Change [ ] Addition  
 3.2 NAME: AKRIDGE, DAVID  
 3.3 STREET ADDRESS: 1 CATE ST. ST-3  
 3.4 CITY-ST-ZIP: PORTSMOUTH, NH 02801

TITLE: [ ] DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

4.1 TITLE:  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY-ST-ZIP:

TITLE: [ ] DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

5.1 TITLE:  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY-ST-ZIP:

TITLE: [ ] DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

6.1 TITLE:  
 6.2 NAME:  
 6.3 STREET ADDRESS:  
 6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent; and that I am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or in an attached change of address.

SIGNATURE:

*David Akridge*  
 DAVID AKRIDGE

*6/20/96*  
 Date: 6/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (3/96)